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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Fangemonique A. Smith – Group Art Unit: 3736

FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment

FACSIMILE NUMBER: (571) 273-8300

**CONFIRMATION
TELEPHONE:** 571.272.8160 (Examiner)

FROM: Anne Marie Leavy-Ghazi for Edward J. Lynch

DIRECT DIAL: 415.957.3017

DATE: May 23, 2006

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-03700

TOTAL # OF PAGES: 30
(INCLUDING COVERSHEET)

MESSAGE: Attached is an Amendment and Response to Restriction and Election of Species Requirements in Response to the Office Action mailed 4/25/2006 in connection with patent application Serial No. 10/642,406, filed August 15, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Burbank et al.

For: **BIOPSY DEVICE WITH NEEDLE SHAPED
INNER CUTTER**

Serial No.: 10/642,406

Filed: August 15, 2003

Atty. Docket No.: R0367-03700

Examiner: Fangemonique A.
Smith

Group Art Unit: 3736

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (571) 273-8300, addressed to Examiner Fangemonique A. Smith, Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 23, 2006, in San Francisco, CA.

Anne Marie Leavy-Chang

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Restriction and Election of Species Requirements.

2. Claim Fee Calculation

No additional claim fee is required.

X Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	11 - 12 =	0 x	\$100=	\$-0-
Total Claims	2202	86 - 70 =	16 x	\$25=	\$400.

Additional Claims Fee \$400.

Total Fees Due \$400.

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of _____.

X The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-03700. A duplicate copy of this document is enclosed for fee processing.

By: 

Edward J. Lynch
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PATENT

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Burbank et al.For: BIOPSY DEVICE WITH NEEDLE
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Serial No.: 10/642,406

Filed: August 15, 2003

Atty. Docket No.: R0367-03700

Examiner: Fangemonique A. Smith

Group: 3736

AMENDMENT AND RESPONSE TO
RESTRICTION AND ELECTION OF
SPECIES REQUIREMENTS

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by first-class mail (571) 273-8300 and addressed to Attention: Examiner Fangemonique A. Smith, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5-23-06 in San Francisco, CA.

By: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 25, 2006 in the above-referenced application, please amend the above-referenced application as follows:

05/24/2006 KBETEMAI 00000060 041679 10642406

01 FC:2202 400.00 DA